

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

LORI FOR CONGRESS 2014

ADDRESS (number and street)

943 OCEAN AVE

Check if different
than previously
reported. (ACC)

NEW LONDON

CT

06320

2. FEC IDENTIFICATION NUMBER ▼

C

C00554956

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

CT

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer LORI HOPKINS CAVANAGH

Signature of Treasurer

LORI HOPKINS CAVANAGH

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 11

Write or Type Committee Name

LORI FOR CONGRESS 2014

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	2640.00	2640.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	2640.00	2640.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2118.25	2118.25
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	2118.25	2118.25
8. Cash on Hand at Close of Reporting Period (from Line 27)	51521.75	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	51000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 11

Write or Type Committee Name

LORI FOR CONGRESS 2014

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

1100.00

1100.00

(ii) Unitemized.....

1540.00

1540.00

(iii) TOTAL of contributions from individuals ▶

2640.00

2640.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

2640.00

2640.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

51000.00

51000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

51000.00

51000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

53640.00

53640.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 11

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2118.25	2118.25
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	2118.25	2118.25

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	53640.00
25. SUBTOTAL (add Line 23 and Line 24).....	53640.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2118.25
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	51521.75

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 11

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
LORI FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial) Vito Addabbo			Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2014		
Mailing Address 54 Columbus Ave			Transaction ID : SA11AI.4151		
City	State	Zip Code	Amount of Each Receipt this Period 300.00		
East Lyme	CT	06357	Contribution		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 300.00		
Name of Employer USAFR		Occupation Colonel	Contribution		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 300.00	Contribution		
B. Full Name (Last, First, Middle Initial) John Bourget			Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014		
Mailing Address 7 Andrea Ln			Transaction ID : SA11AI.4153		
City	State	Zip Code	Amount of Each Receipt this Period 250.00		
Avon	CT	06001	Contribution		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 250.00		
Name of Employer Witan Intelligence		Occupation Market Research Consultant	Contribution		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 275.00	Contribution		
C. Full Name (Last, First, Middle Initial) Hughes Griffis			Date of Receipt M M / D D / Y Y Y Y 02 / 18 / 2014		
Mailing Address 720 Williams St			Transaction ID : SA11AI.4180		
City	State	Zip Code	Amount of Each Receipt this Period 250.00		
New London	CT	06320	Contribution		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 250.00		
Name of Employer Waller Smith Palmer PC		Occupation Principal	Contribution		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	Contribution		
SUBTOTAL of Receipts This Page (optional).....			800.00		
TOTAL This Period (last page this line number only).....			800.00		

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 11

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LORI FOR CONGRESS 2014

Full Name (Last, First, Middle Initial)

Robert Jensen

A.

Mailing Address 31 Pleasant St

City

Riverside

State

CT

Zip Code

06878

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

clinical massage therapist

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2014

Transaction ID : SA11Al.4154

Amount of Each Receipt this Period

300.00

Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

300.00

1100.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 11

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
LORI FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial) LORI HOPKINS CAVANAGH		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>27</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	01		27		2014
M M	/	D D	/	Y Y Y Y									
01		27		2014									
Mailing Address 943 OCEAN AVE		Transaction ID : SA13A.4200											
City NEW LONDON	State CT	Zip Code 06320											
FEC ID number of contributing federal political committee. C H4CT02068		Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> personal loan by the candidate to the campaign		1000.00									
1000.00													
Name of Employer self-employed	Occupation real-estate broker												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00											
1000.00													
B. Full Name (Last, First, Middle Initial) LORI HOPKINS CAVANAGH		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>05</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	03		05		2014
M M	/	D D	/	Y Y Y Y									
03		05		2014									
Mailing Address 943 OCEAN AVE		Transaction ID : SA13A.4203											
City NEW LONDON	State CT	Zip Code 06320											
FEC ID number of contributing federal political committee. C H4CT02068		Amount of Each Receipt this Period <table border="1"> <tr> <td>50000.00</td> </tr> </table> personal loan from the candidate to the campaign		50000.00									
50000.00													
Name of Employer self-employed	Occupation real-estate broker												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>51000.00</td> </tr> </table>	51000.00											
51000.00													
C. Full Name (Last, First, Middle Initial)		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y									
Mailing Address													
City	State	Zip Code											
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td></td> </tr> </table>											
Name of Employer	Occupation												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td></td> </tr> </table>												
SUBTOTAL of Receipts This Page (optional).....		<table border="1"> <tr> <td>51000.00</td> </tr> </table>		51000.00									
51000.00													
TOTAL This Period (last page this line number only).....		<table border="1"> <tr> <td>51000.00</td> </tr> </table>		51000.00									
51000.00													

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 11

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LORI FOR CONGRESS 2014

Full Name (Last, First, Middle Initial)

A. Capture Photography

Mailing Address 5 Essex Square #3C

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		13		2014

City	State	Zip Code
Essex	CT	06426

Purpose of Disbursement
photography

006

Category/
Type

Candidate Name

LORI FOR CONGRESS 2014

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: CT District: 02

Amount of Each Disbursement this Period

499.00

Transaction ID : SB17.4208

B. Cloudage Strategies LLC

Mailing Address 87 Knollwood Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		07		2014

City	State	Zip Code
Wallingford	CT	06492

Purpose of Disbursement
Campaign Consulting

001

Category/
Type

Candidate Name

LORI FOR CONGRESS 2014

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: CT District: 02

Amount of Each Disbursement this Period

1031.60

Transaction ID : SB17.4205

C. Minuteman Press

Mailing Address 176 State St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2014

City	State	Zip Code
New London	CT	06320

Purpose of Disbursement
flyers, cards

006

Category/
Type

Candidate Name

LORI FOR CONGRESS 2014

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: CT District: 02

Amount of Each Disbursement this Period

212.59

Transaction ID : SB17.4184

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1743.19

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 11

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LORI FOR CONGRESS 2014

Full Name (Last, First, Middle Initial)

A. Minuteman Press

Mailing Address 176 State St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		26		2014

City	State	Zip Code
New London	CT	06320

Amount of Each Disbursement this Period

Purpose of Disbursement
business cards

006

Transaction ID : SB17.4188

Candidate Name
LORI FOR CONGRESS 2014Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: CT District: 02

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	---	--

State: District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	---	--

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

92.59

1835.78

SCHEDULE C (FEC Form 3)
LOANS

PAGE 10 OF 11

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4200

LORI FOR CONGRESS 2014

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

LORI HOPKINS CAVANAGH

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
943 OCEAN AVE

City

State

ZIP Code

NEW LONDON

CT

06320

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000.00

0.00

1000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y
01 / 27 / 2014M M / D D / Y Y
/ 11/04/2014Y Y / Y Y / Y Y
11/04/2014

4.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 11 OF 11

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4203

LORI FOR CONGRESS 2014

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

LORI HOPKINS CAVANAGH

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
943 OCEAN AVE

City

State

ZIP Code

NEW LONDON

CT

06320

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

50000.00

0.00

50000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 03

D 05

Y 2014 Y

M M

D D

Y 11/04/2014 Y

4.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

50000.00

TOTALS This Period (last page in this line only)..... ►

51000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.